



## Montana Medicaid

# CLAIM JUMPER

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### NPI: Get It. Share It. Use It.

There are less than 60 days left between today and the NPI compliance date of May 23, 2007. It is estimated that it may take at least this much time to implement the NPI into your business practices. Failure to prepare could result in a disruption in cash flow. Will you be ready to use your NPI? Time is running out!

### Updating National Plan and Provider Enumeration System (NPPES) Information

All health care providers, including Medicare providers, should include their legacy identifiers, as well as associated provider identifier type(s), on their NPI applications. If a provider has already completed an application and did not submit a legacy identifier, this provider should go back and update its information in NPPES. A provider can easily do so by using the web (<https://nppes.cms.hhs.gov>). While doing so, providers should also validate other data in NPPES, such as address, contact person

information, etc. and update anything that has changed.

### Sharing NPIs

Once providers have received their NPIs, they should share their NPIs with other providers with whom they do business, and with health plans that request their NPIs. In fact, as outlined in current regulation, providers must share their NPI with any entity that may need it for billing purposes—including those who need it for designation of ordering or referring physician. Providers should also consider letting health plans, or institutions for whom they work, share their NPIs for them.

### New Frequently Asked Questions (FAQs) Posted

CMS has posted new NPI FAQs on its website. Questions include:

- For Medicare provider enrollment purposes, will group practices need to submit new CMS-855R's for every member of the group practice in order to let Medicare know their NPIs?
- Will health plans link the National Provider Identifiers (NPIs) of group practices to the NPIs of the health care providers who are members of the group practices?
- Who needs an NPI - who is not eligible to apply for an NPI - what if I have a Drug Enforcement Administration (DEA) number - what if I only bill on paper - what if I do not submit claims to Medicare?
- Can my office Employer Identification Number (EIN) be used instead of a National Provider Identifier (NPI)?
- When do I need to use my National Provider Identifier (NPI)?
- Is a corporation that owns pharmacies that have National Provider Identifiers (NPIs) required to have an NPI in order to receive payments on behalf of the owned pharmacies?

To view these FAQs, please go to the CMS dedicated NPI webpage at [www.cms.hhs.gov/NationalProviderStand](http://www.cms.hhs.gov/NationalProviderStand) and click on Educational Resources. Scroll down to the section that says "Related Links Inside CMS" and click on Frequently Asked Questions. To find the latest FAQs, click on the arrows next to "Date Updated."

*Submitted by Michelle Gillespie, DPHHS*

### Cardiac and Pulmonary Rehabilitation No Longer Require Prior Authorization for Outpatient Settings

Effective January 1, 2007, the Department is no longer requiring prior authorization for cardiac and pulmonary rehabilitation services in an outpatient setting. Services are covered in an outpatient hospital department, a clinic, or a physician's office. Retrospective reviews will be conducted randomly to verify that medical criteria for services have been met.

Coverage for medically necessary outpatient cardiac and pulmonary rehabilitation services has been in effect since January 1, 2006.

- All cardiac and pulmonary rehabilitative services must be medically necessary.
- The following conditions are contraindications to cardiac and pulmonary rehabilitation. Patients with one or more contraindications are not eligible for cardiac and pulmonary rehabilitation:
  - Severe psychiatric disturbance including, but not limited to, dementia and organic brain syndrome; or
  - Significant or unstable medical conditions including, but not limited to, substance abuse, liver dysfunction, kidney dysfunction, and metastatic cancer.

- The service limitations may be waived for extenuating circumstances on a case-by-case basis by the Department.
- PASSPORT referral is required for courses of treatment started after June 15, 2006.

For a list of covered and noncovered services, as well as revenue codes, for cardiac and pulmonary rehabilitation, see the provider notice posted on [www.mtmedicaid.org](http://www.mtmedicaid.org).

*Submitted by Mary Patrick, R.N., DPHHS*

## Reenrollment Deadline Looms

The May 23, 2007, reenrollment deadline is just around the corner. Remember that **all** providers who wish to bill Montana's Healthcare Programs for services on or after May 23 must reenroll. If you are a healthcare provider, you must include your NPI. Atypical providers will be assigned a new proprietary provider number. All providers with Internet access must reenroll via the Montana Access to Health web portal found on [www.mtmedicaid.org](http://www.mtmedicaid.org).

## CHIP Community Partners

The Children's Health Insurance Plan (CHIP) partners with health care providers, dentists, mental health professionals, and other community-based organizations all across Montana to help eligible families obtain health insurance for their children.

CHIP is a free or low-cost health insurance plan available to families who do not qualify for Medicaid, but cannot afford private insurance. CHIP covers medical, dental, eyeglasses, and many other health care services.

You can help families get the coverage they need by making CHIP brochures and applications available to uninsured families in your community. CHIP supplies all materials. Encourage parents to visit the CHIP website at [www.chip.mt.gov](http://www.chip.mt.gov). Parents can fill out an application right on their computer!

Please help us get more uninsured Montana children enrolled in CHIP. There has never been a better time for families to apply since there is no waiting list.

If you would like to receive a CHIP kit (brochures, applications, and brochure holder), please call or e-mail Michael

Mahoney, CHIP Community Relations Manager, at 877-543-7669 (toll-free) or [mmahoney2@mt.gov](mailto:mmahoney2@mt.gov).

CHIP is health insurance for kids and peace of mind for parents. Thank you for your support of CHIP!

*Submitted by Michael Mahoney, DPHHS*

## Valid Bill Types

Following are the valid bill types accepted by Montana's Healthcare Programs:

11x	Inpatient hospital
12x	Inpatient hospital, Medicare Part B only
13x	Outpatient hospital
14x	Other hospital
18x	Swing bed hospital
21x	Skilled nursing facility
32x	Home health
71x	Rural health clinic
72x	Hospital-based clinic
73x	Freestanding clinic
74x	Outpatient rehab clinic
79x	Other clinic
81x	Hospice (non-hospital-based)
82x	Hospice (hospital-based)
83x	Ambulatory surgery center
84x	Freestanding birthing center
85x	Critical access hospital

## New Claim Form Requirements

Providers will be required to use the new CMS-1500 and CMS-1450 (UB-04) claim forms to bill Montana's Healthcare Programs beginning May 23, 2007. If you will be using the new forms prior to this date, please remember the following:

- The Optical Character Recognition software is not able to successfully read the new claim forms at this time. These claims must be data entered which will delay processing. It is acceptable to submit claims on plain white paper without lines instead of using the new forms at this time.
- Do not bill with your NPI until May 23.
- For billing on and after May 23, 2007, NPI is required for healthcare providers and the new proprietary number is required for atypical providers.
- Providers must update their billing software to ensure that information is placed in the correct field on the new paper forms. Please check with your vendor for assistance.

There will be new elements required for billing electronically on and after May

23, 2007. Additional information from the claim will be used to appropriately process, for example:

- ZIP +4
- Rendering provider
- Provider taxonomy

In addition, some provider types have special requirements for billing with the new forms. These will be outlined in the spring provider training sessions as well as in an insert in the May *Claim Jumper*.

For more information and complete instructions on using the new forms, check out the following websites:

CMS-1500	<a href="http://www.nucc.org">www.nucc.org</a>
UB-04	<a href="http://www.nubc.org">www.nubc.org</a>
Both	<a href="http://www.cms.hhs.gov">www.cms.hhs.gov</a>

## Using Diagnosis Pointers on the CMS-1500

It is important that providers billing Montana's Healthcare Programs on the CMS-1500 claim form use diagnosis pointers correctly.

The appropriate ICD-9-CM diagnosis code(s) should be entered in field 21. Up to four codes can be entered, in priority order.

Field 24e should contain the corresponding diagnosis code **reference number** (1, 2, 3, and/or 4) from field 21. Do not enter the diagnosis code. Use the reference number for the diagnosis code that is applicable for the specific procedure. Montana's Healthcare Programs accepts up to four diagnoses per line. If more than one diagnosis is applicable, more than one pointer should be used.

*Submitted by Beverly Hertwick, DPHHS*

## Publications Reminder

It is providers' responsibility to be familiar with Medicaid manuals, fee schedules, and notices for their provider type, as well as other information published in the *Claim Jumper* and on the Medicaid website ([mtmedicaid.org](http://mtmedicaid.org)).

14,250 copies of this newsletter were printed at an estimated cost of \$.38 per copy, for a total cost of \$5,492.49, which includes \$2,514.56 for printing and \$2,977.93 for distribution.

Alternative accessible formats are available by calling the DPHHS Office of Planning, Coordination and Analysis, at (406) 444-9772.

## Recent Publications

The following are brief summaries of recently published Medicaid information and updates. For details and further instructions, download the complete document from [www.mtmedicaid.org](http://www.mtmedicaid.org), the Provider Information website. Select **Resources by Provider Type** for a list of resources specific to your provider type. If you cannot access the information, contact Provider Relations at (800) 624-3958 or (406) 442-1837 in Helena or out-of-state.

Recent Publications Available on Website		
Date	Provider Type	Description
<b>Notices</b>		
02/13/07	Dental, Dental Hygienist, Oral Surgeon	Current Dental Terminology (CDT) and Updated Fee Schedule
02/23/07	School-Based Services	New FMAP Rate Reflects Changes to Reimbursement on the Fee Schedule
<b>Replacement Pages</b>		
02/14/07	School-Based Services	School-based services manual replacement pages regarding new physician order information, new private duty nursing request form
<b>Fee Schedules</b>		
02/09/07	Physician, Mid-Level Practitioners, Podiatry, Public Health Clinic, IDTF, Lab and X-ray	New fee schedule
02/13/07	Home and Community Based Services	Revised Elderly and Physically Disabled Waiver fee schedule
<b>Other Resources</b>		
02/05/07, 02/12/07, 02/19/07, 02/27/07	All Provider Types	What's New on the Site This Week
02/05/07	Durable Medical Equipment	Revised forms for oxygen, pneumatic compression devices, osteogenesis stimulators, transcutaneous electrical nerve stimulators (TENS), seat lift mechanisms, Section C continuation, external infusion pumps, and enteral and parental nutrition
02/05/07	All Provider Types	News item regarding NPI Paper Reenrollment Form Now Available
02/05/07	All Provider Types	New NPI Provider Reenrollment page created containing new NPI reenrollment form
02/08/07	Pharmacy	Manufacturer-submitted information for February 28 DURB review
02/13/07	Pharmacy	Updated PDL
02/13/07	All Provider Types	Spring provider training and Medicaid/NPI reenrollment added to Upcoming Events
02/13/07	All Provider Types	March 2007 <i>Claim Jumper</i>
02/15/07	Pharmacy	Manufacturer-submitted information for February 28 DURB review
02/16/07	All Provider Types	News item regarding MATH Web Portal Maintenance
02/16/07	All Provider Types	News item regarding Holiday Might Delay e!SOR and 835 Remittance Advice Files
02/19/07	All Provider Types	Enrollment form and supplemental information reposted as separate documents on NPI Provider Reenrollment page
02/19/07	All Provider Types	Maps and driving directions to spring provider training sessions added to Upcoming Events
03/01/07	All Provider Types	News item regarding Online Reenrollment for NPI Delayed
03/02/07	All Provider Types	Revised Prior Authorization key contacts
03/02/07	All Provider Types	Revised PA Criteria for Specific Services added to Medicaid Information page
03/02/07	All Provider Types	News item regarding Online Reenrollment for NPI Now Available

Montana Medicaid  
ACS  
P.O. Box 8000  
Helena, MT 59604

PRSRT STD  
U.S. Postage  
PAID  
Great Falls, MT  
Permit No. 151

## Key Contacts

Provider Information website: <http://www.mtmedicaid.org>

ACS EDI Gateway website: <http://www.acs-gcro.com>

ACS EDI Help Desk (800) 624-3958

### Provider Relations

(800) 624-3958 (In and out-of-state)

(406) 442-1837 (Helena)

(406) 442-4402 Fax

Email: [MTPRHelpdesk@ACS-inc.com](mailto:MTPRHelpdesk@ACS-inc.com)

TPL (800) 624-3958 (In and out-of-state)

(406) 443-1365 (Helena)

(406) 442-0357 Fax

Direct Deposit Arrangements (406) 444-5283

### Verify Client Eligibility

FAXBACK (800) 714-0075

Automated Voice Response (AVR) (800) 714-0060

Point-of-Sale Help Desk for Pharmacy Claims (800) 365-4944

PASSPORT (800) 362-8312

### Prior Authorization

Mountain-Pacific Quality Health Foundation (800) 262-1545

Mountain-Pacific Quality Health Foundation—DMEPOS/Medical

(406) 457-5887 local, (877) 443-4021, ext. 5887 long-distance

First Health (800) 770-3084

Transportation (800) 292-7114

Prescriptions (800) 395-7961

Provider Relations  
P.O. Box 4936  
Helena, MT 59604

Claims Processing  
P.O. Box 8000  
Helena, MT 59604

Third Party Liability  
P.O. Box 5838  
Helena, MT 59604